

1. Agency Internal Control #		2. Task Request No.		To be assigned by FBA			
3. Requesting Agency	Agency Address		4. Agency Point of Contact	Name			
				Office Symbol			
				Phone Nr.			
				Room Nr.			
	Phone No.		5. Pre- Task Request Meeting		Yes	<input type="checkbox"/>	No
6. Job Location			7. Appropriation Data and Total				
Time of Pickup			Funds for Services	\$			

8. Optional Service				
Task	Daily	Permit (Customer provides)	Non-Permit (Vendor provides)	Remarks
	Est. Pieces	Handling Fee	Meter/Handling	
Presort				
Metering				
Labeling/Tabbing				
Folding/Inserting				
Pick-up Service				
Address List Service				
ACR/ ACS/ NCOA				
FastForward				
Bulk Mail				
Other				

9. Special Instructions	

10. Period of Performance	Start / /	End / /
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11. Requesting Agency Certification.

Signature of Project Officer

Name
Title
Signature / Date

Signature of Approving Official

Name
Title
Signature / Date